

Emergency Evacuation Drills



There are a variety of emergency situations that require staff to relocate the children or remove them from harm's way. Our emergency evacuation plan can be found _____ (where).

We practice this plan _____ (how often). Our practice includes:

- Evacuations to a safe place outside the building in the event of an emergency such as a fire or chemical hazard.
- Shelter-in-Place procedures, which contain the staff and children within the building, and proceeding according to directions from emergency personnel.
- Sounding an alert, by pre-arranged code, to persons within the building to avoid certain areas (such as the front lobby), in a situation where an immediate danger, such as the presence of an aggressive intruder (i.e., making verbal threats, has a weapon) is present.
- Identifying the location of telephones and/or securing immediate access to a cell phone that is adequately charged.
- Posting accurate maps of the premises showing the locations of exit doors, hallways, closets, windows, etc.
- Picking up and bringing along the crate/box containing the shoes of any napping children.
- Ensuring Emergency Information and Immunization Record Cards for each child are evacuated with the children.
- Ensuring an Evacuation Packet is evacuated with the children. The Evacuation Packet includes a facility map, and photos of each room, bathroom, hallway and storage area, etc., showing the locations of windows, furniture, equipment and doorways. Evacuation Packets should also include diapers, formula, bottles of drinking water, and emergency phone numbers. The Evacuation Packet is located _____ (where).

Emergency drills are held on a routine basis, but are not formally scheduled. During the emergency drills staff proceed as though a real emergency were occurring.

The goal of Emergency Drills is to evacuate people from the building to a designated safe place within 2 minutes.

An emergency fire drill that takes place at nap time is conducted at least annually. This drill may necessitate a notice to parents, as children may be tired, cranky or frightened after the experience. It is vital that staff know what to do, as children are most likely to be frightened and uncooperative in an emergency situation.



Fire Drill and Smoke Detector Battery Check Log

<http://www.azdhs.gov/als/forms/ccgh5.pdf>

Child Care Health Consultant



Our program utilizes the services of a Child Care Health Consultant (CCHC) or Child Care Nurse Consultant (CCNC). This person is a health or early childhood professional with special training in promoting health and safety in child care programs. The health consultant assists our program in developing care plans for children with special health care needs, creating health and safety policies that protect the health and safety of children and staff, reviewing children's immunization and health records, and in a variety of other ways. The health consultant is available to us for on site visits and by telephone.

Our Consultant also assists us by providing health and safety-related staff trainings, and linking staff and families with community health resources.

The name of our Consultant is _____ (name and credential).

Our Consult is affiliated with _____ (organization).

Our Consultant's phone number is _____.



"Health Consultants and Trainers", Journal of the National Association for the Education of Young Children

<http://www.journal.naeyc.org/btj/200403/consultants.asp>

Staff Orientation and Training



Orientation

New staff who come to work for our program complete an orientation on critical health and safety issues before they work with children. Orientation of new staff is overseen by _____ (designated staff). New staff orientation always includes basic information related to:

Topic	Includes These Basics	Comment
Bloodborne pathogens	Recognizing risks Cleaning body fluid spills Hepatitis B vaccine	Include orientation to the facility's Exposure Control Plan
Caregiver health	Infectious disease Body mechanics and injury prevention Exposure to toxins Stress reduction	
Child abuse and neglect	Recognizing and reporting abuse/neglect Caring for abused/neglected children Documentation	
Communicable disease	Arrival health check Taking a temperature Exclusion guidelines Reportable diseases	
Medication management	Required documentation How to give/routes of administration	
Hygiene and sanitation	Hand washing Diapering procedures Room tasks Cleaning schedules	
Injury prevention	Safe playgrounds Indoor safety Drowning prevention Safe storage of toxic materials	Drowning prevention for programs with pools or swimming activities
Safe infant sleep	Back sleeping position Tummy time Bedding issues Crib maintenance Non-responsive infant	For infant caregivers and all staff and volunteers who may be assigned to the infant room
Sanitary food service	Hand washing Handling food service items Sanitizing food preparation/eating surfaces Infant formula preparation	
Sun safety	Outdoor play schedules Shade Use of sunscreen Appropriate clothing	Sun protection for children <i>and</i> staff

Ongoing Staff Training

Our staff receive ongoing training related to health and safety through educational sessions provided by our program, training sessions with guest speakers, community college and university course work, and attendance at workshops and conferences. A minimum of 25% of staff training hours are in the areas of health and safety including the subject areas below:

Topic	Includes These Basics	How Often	Comment
Bloodborne pathogens	Recognizing risks Cleaning body fluid spills Hepatitis B vaccine	Annually	Give updates to the facility's Exposure Control Plan
Caregiver health	Infectious disease Body mechanics and injury prevention Exposure to toxins Stress reduction	Annually	
Child abuse and neglect	Recognizing and reporting abuse/neglect Caring for abused/neglected children Documentation	Every 2 years	
Child growth and development	Brain research Developmental screening	Every 2 years	
Communicable disease	Signs and symptoms Exclusion guidelines Reportable diseases Hand washing Diapering procedures Immunizations	Annually	
Emergencies	Emergency preparedness Shelter-in-place Evacuation Fire extinguisher Weather emergencies	Annually	
Enrolling children with special health care needs	Americans With Disabilities Act How to create a plan of care How to adapt activities	Every 2 years	Does NOT include training for care of specific child or condition
Environmental health	Clean air Toxic exposure prevention Waste disposal Noise reduction	Every 2 years	
Injury prevention	Safe playgrounds Indoor safety Drowning prevention Safe storage of toxic materials	Annually	Drowning prevention for programs with pools or swimming activities
Medical Home, KidsCare, AHCCCS	How to refer families for services Who may qualify Importance of well-child visits	Every 2 years	Keep appropriate application forms on site
Medication management	Required documentation How to give/routes of administration Precautions		
Nutrition	Healthy food Healthy eating behavior	Every 2 years	

Topic	Includes These Basics	How Often	Comment
Oral health	Tooth/mouth care Referring to oral health professionals	Every 2 years	
Safe infant sleep	Back sleeping position Tummy time Bedding issues Crib maintenance Non-responsive infant	Annually	For infant caregivers and all staff and volunteers who may be assigned to the infant room
Sanitary food service	Hand washing Handling food service items Sanitizing food preparation/eating surfaces	Annually	Include infant food/bottle service if appropriate
Sun safety	Outdoor play schedules Shade Use of sunscreen Appropriate clothing	Annually	Sun protection for children <i>and</i> staff
Transportation safety	Restraints Vehicle management Documentation Safe driving habits Transporting children with special needs		Content will depend on responsibilities

Training Requirements

Annual, minimum training requirements for child care center staff are specified in the Arizona Child Care Rules and Regulations. _____ (designated staff) is responsible for assuring that all staff members meet these minimum requirements.

Professional Recognition

We encourage staff to participate in the Statewide Child Care and Early Education Development System (S*CCEEDS), a registry for child care and early education professionals. Whenever possible, we utilize trainers who are registered with the S*CCEEDS system.

We also encourage staff to affiliate with local, state and national child care organizations, such as affiliates of the National Association for the Education of Young Children (NAEYC), National Early Childhood Program Accreditation Commission (NECPA), Association for Christian Schools International (ACSI), Association Montessori Internationale, American Montessori Society, and National Accreditation Commission for Early Care and Education. These organizations are a source of up-to-date information and professional support. They also hold workshops and conferences that can help satisfy the need for annual training.

Enrolling Children for Care



Our program works collaboratively with parents to promote the health of children. When a child enrolls in our facility, we ask for information regarding the child's health. Our program _____ (does or does not) ask for documentation of a health care provider's physical examination of the child within the last six months.

During scheduled parent conferences, which take place _____ (how often), we update the child's health information kept in our files, including information about developmental screenings and blood lead testing. We also discuss health-related staff observations and parents' goals related to their child's health.

The Emergency Information and Immunization Record Card (EIIRC)

At enrollment, the Emergency, Information and Immunization Record (EIIRC) card is completed, dated and signed by the parent. This card is often referred to as the "blue card" because, traditionally, this form is on blue paper for easy identification of the original containing signatures.

The Emergency Information and Immunization Record Card (EIIRC) includes basic information regarding the child's legal name, address, telephone numbers, birth date and parental custody status, as well as current information regarding the child's general health, emergency contact names and phone numbers, names of health care provider(s), and a copy of the child's immunization record. Every copy of the Emergency Information and Immunization Record Card (EIIRC) must have a copy of the child's immunization record(s) attached.

Our Emergency Information and Immunization Record Cards (EIIRC) are filed in a three-ring notebook or a small file that is light and portable. The Emergency Information and Immunization Record Cards are to be evacuated with the staff and children during emergencies.

We ask parents to review and update the Emergency Information and Immunization Record Cards every three months in order to capture changes in phone numbers, family information and updated immunizations. _____ (designated staff) is responsible for this process.

Confidentiality

Files containing information about daily activities, parental notifications, illness, injuries, or observations about a child are kept on-site, and are accessible to authorized staff. Confidential records are maintained in a locked, restricted filing system accessible to _____ (designated staff).

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) of 2002 has added increased protection of health records. Our program cannot directly call a child's health care provider to request information about the child's health status or recent visits. If we need information from the health care provider, we will ask parents to obtain the information for us. This includes immunization records, treatment information and medication requests, when needed. Parents may choose to sign a waiver that allows our program to speak directly with the child's health care provider. We may ask that this notice of waiver be placed on the medical chart kept by the child's health care provider.

While our program respects the privacy of a child's health information, we are required by law to disclose medical information for public health activities such as the investigation or reporting of communicable diseases, or reporting suspected child abuse and neglect. We may also be required to disclose information to law enforcement officers, Child Protective Services, Arizona Department of Health Services Office of Child Care Licensure staff or a coroner.

Statement of Services

We provide a written Statement of Services to parents at the time of enrollment. Some of our health and safety procedures are found in the Statement of Services including:

- A description of the facility's child care service classifications
- Hours of operation
- Child enrollment and disenrollment procedures
- Charges, fees, and payment requirements for child care services
- Child admission and release requirements
- Discipline guidelines and methods
- Transportation procedures
- Field trip requirements and procedures
- Responsibilities and participation of parents in facility activities
- A description of all activities and programs
- Liability insurance carried by the licensee
- Medication administration procedures
- Emergency medical procedures
- A notice stating inspection reports are available upon request
- A provision stating that the facility is regulated by the Arizona Department of Health Services, including the Department's address and telephone number



Emergency Information and Immunization Record Card (English)
<http://www.azdhs.gov/als/forms/ccgh11.pdf>

Emergency Information and Immunization Record Card (Spanish)
<http://www.azdhs.gov/als/forms/ccgh12.pdf>

Health Care for Kids



Assuring Children Have Health Care

Our program believes that children's health care needs are best met by an ongoing relationship with a health care provider who is able to monitor the child's growth and development, provide routine preventive care (such as immunizations), and offer counseling to parents on health, psychological, and behavioral issues. The family also needs to be able to obtain care for a sick child and be referred to appropriate specialists when needed.

When uninsured children enroll in our program _____ (designated staff) will provide parents with information related to programs which may link the family with health care services. Each time the Emergency Information and Immunization Record Card (EIIRC) is updated we will ask about the child's current source of primary care and offer health program information.

KidsCare

KidsCare is Arizona's health insurance for low-income children. Children age 18 and younger who qualify can get medical, dental and vision services. To qualify a child must be age 18 or younger, a resident of Arizona (either a U.S. citizen or a qualified eligible immigrant—regardless of the immigration status of the parents), not currently covered by other health insurance, and meet income guidelines. KidsCare is administered by the Arizona Health Care Cost Containment System (AHCCCS).

AHCCCS

The Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid program. AHCCCS was created to provide health care to those who cannot afford to pay for health insurance. There are eligibility/income requirements that applicants must meet in order to qualify for AHCCCS. Applicants must be residents of Arizona (either U.S. citizens or qualified eligible immigrants), not currently covered by other health insurance, and meet income guidelines.

Medical Home Project

The Arizona Medical Home Project offers primary health care services to children from low-income families who have no other source of care. The Medical Home Project does not provide emergency care or care for chronic conditions. School nurses (and in some locations county public health nurses) assist families whose children need pediatric, dental or vision care with the application process.

County Health Department Well Child Services

Many county health departments provide well child check-ups. County health departments can tell you about services that are available to children.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Well child visits to a health care provider for assessments and screenings are important from infancy. Although every child is unique, there is a typical pattern of growth and development for each age. This pattern can be altered by heredity, disease, living conditions or injury. The effects of developmental delays or health conditions can often be minimized if recognized and treated early.

Well child check-ups for children covered by KidsCare or AHCCCS are standardized. That means visits take place at certain ages and that specific screenings and tests can be anticipated. This schedule is referred to as Early and Periodic Screening, Diagnostic and Treatment or EPSDT.

Although there is a link between Medicaid (AHCCCS) insurance coverage and EPSDT, the screening criteria serves as a desirable framework for health assessments by any health care provider for any child during the early years of growth and development.

The EPSDT Visit Schedule includes visits at these ages:

• At birth	• Eighteen months
• 3-4 days	• Two years
• By first month	• Three years
• Two months	• Four years
• Four months	• Five years
• Six months	• Six years
• Twelve months	• Every two years thereafter, throughout childhood and adolescence

EPSDT and other medically necessary services may be provided by physicians, dentists, nurse practitioners, psychologists, audiologists, etc, as well as other certified or licensed professionals recognized by the State of Arizona.

Educating Parents About Routine Check-Ups

When we update children's immunization records, we ask about current health insurance coverage and recent visits to the health care provider. Information about recent visits and insurance coverage is recorded on our Medical Home Planning Guide by _____ (designated staff).

We take the time to talk with parents about the importance of routine check-ups and follow-up health care. If staff members notice changes in a child's health or that developmental milestones are not being achieved, they report their observations to _____ (designated staff). Parents are then encouraged to seek health care for their child.



Authorization for Release of Health Information (English and Spanish)

http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_Auth_Release_Health_Information_BOTH.pdf

Medical Home Planning Guide

http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_Medical_Home_Planning_Guide.pdf

Immunizations



Immunization Requirements

Young children are at risk of contracting many serious diseases because of their immature immune systems. Immunizations help a child's immune system fight off diseases when the child is exposed to germs. Children enrolled in our program must have a verifiable record of up-to-date immunizations.

- All children enrolled in our child care program must have written documentation of their current immunization status on file at the site. Adults who work or volunteer at our program must have documentation of their immunization history as a part of their employment record. All immunizations are monitored by _____ (designated staff).
- If a child has not received immunizations due to medical or religious reasons, a written exemption affidavit must be placed in our files. Medical exemptions are signed by a health care provider and parent. Religious exemptions must include a statement of the religious belief and must be signed by the parent on behalf of the child.
- We review the immunization records for children under the age of two on a quarterly basis, until the child's immunizations requirements are complete. We review the immunization records of children ages two and older annually, or until the immunization requirements are complete.
- When it is noted that children need immunizations, we notify parents in writing. If immunizations have not been received within 15 days, the child may not be accepted for care. The date the parent was notified of needed immunizations is recorded _____ (where).
- We never keep an original copy of a child's immunization record; this belongs to the parent. We make a photocopy of the immunization record and attach it to the Emergency Information and Immunization Record Card (EIIRC).

Accurate documentation of Immunization information includes:

- Child's full name
- Birth date; month, day and year
- Vaccine given; i.e., MMR or DTaP, etc.
- Number of the dose given in the series; i.e., Dose 1 or Dose 5
- Month, day and year of the immunization
- Health care provider or clinic name where immunizations were given

- Immunizations are received in a series, meaning that it takes a period of time and a specific number of doses for immunity to be complete. Some vaccines are combined into one "shot" or injection. This reduces the need for many injections. Example; MMR is a three vaccine injection for measles, mumps and rubella.

- Periodically, immunization requirements and schedules change. We frequently consult the state or local health department for the most current immunization schedule.
- All licensed and certified facilities/programs are audited once a year by the local (county) or state health department for immunization data, as required by the Centers for Disease Control and Prevention. This information is gathered nationwide and used to establish national vaccine needs and potential risk to vaccine preventable diseases in young children.

Recommended (but not required) Vaccines

Although not required for attendance in child care centers (unless your child attends care in Maricopa County), hepatitis A vaccine is recommended for children. Hepatitis A is a viral infection of the liver that is easily spread in child care settings. Children may also spread the infection to their families. While most people who contract this disease recover, hepatitis A can cause many lost days from work, school and child care. Hepatitis A vaccine is included in the routine immunization series for children ages two and older. The hepatitis A vaccine is a two-dose series.

Streptococcal pneumococcal conjugate vaccine (PCV7) is recommended for children beginning at age two months, and given as a four-dose series. This vaccine protects against a serious form of bacterial meningitis. PCV7 is included in the routine immunization series for children.



Emergency Information and Immunization Record Card (English)

<http://www.azdhs.gov/als/forms/ccgh11.pdf>

Emergency Information and Immunization Record Card (Spanish)

<http://www.azdhs.gov/als/forms/ccgh12.pdf>

Guide to the Requirements of the Arizona School Immunization Law for Parents of Children Entering School or Child Care (English)

http://www.azdhs.gov/phs/immun/pdf/immun_req_eng_parents.pdf

Guide to the Requirements of the Arizona School Immunization Law for Parents of Children Entering School or Child Care (Spanish)

http://www.azdhs.gov/phs/immun/pdf/immun_req_spa_parents.pdf

Recommended Adult Immunization Schedule

<http://www.cdc.gov/nip/recs/adult-schedule-bw.pdf>

Recommended Child and Adolescent Immunization Schedule (English and Spanish)

<http://www.cdc.gov/nip/recs/child-schedule-bw-print.pdf>

Referral Notice of Inadequate Immunization (English)

<http://www.azdhs.gov/als/forms/ccgh9.pdf>

Referral Notice of Inadequate Immunization (Spanish)

http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_referral_notice_inadequate_immunize_SPA.pdf

Request for Exemption to Immunization (English)

<http://www.azdhs.gov/als/forms/ccgh10.pdf>

Request for Exemption to Immunization (Spanish)

http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_request_exempt_immunization_SPA.pdf

Staff Immunization Record Card

http://www.azdhs.gov/als/childcare/ccg_gh_forms/staff_immune.pdf

Guidelines for Excluding Sick Children and Staff



Arrival Health Check

Each day when a child arrives at our program, _____ (designated staff) will greet the child and adult as the child is signed in. Before the adult leaves the premises, staff will determine if the child has signs or symptoms of a communicable disease, if the child has been well for the last 24 hours, and if there are visible, new injuries. Significant observations will be noted in the program's Illness and Injury Log by the staff member making the observations.

If a child's temperature needs to be taken, or if discussion of the child's condition is needed, this will take place in the _____ (where) to respect the privacy of the child and adult.

Signs and Symptoms for Exclusion

Individuals arriving with the following signs and symptoms, or who develop them while at our program, cannot remain in the program.

- Fever of 100° axillary (under the arm) if other signs and symptoms of illness are present (e.g. diarrhea, rash, earache, sore throat)
- Fever of 101° axillary (under the arm) or greater, even if no other signs and symptoms are present
- Sores that are open, infected, or not easily covered
- Vomiting more than twice in 24 hours*
- Diarrhea*
- Earache*
- Red eyes with discharge
- Lice or nits
- Red, draining eyes
- Lice or scabies
- Undiagnosed rash
- Not feeling well enough to participate in the day's activities
- Unusual mood or behavior that will make it difficult for staff to care for other children in the program

* Teething is NOT an acceptable explanation for these conditions. Exclude as if teething were not taking place.

When A Child Becomes Sick During the Day

If a child develops signs and symptoms of illness during the caregiving day, the child will be separated from the other children and be continually cared for in _____ (where).

The parent will be contacted by _____ (designated staff) using the phone numbers listed on the Emergency Information and Immunization Record Card or other phone number provided for the day, and recorded _____ (where).

Parents are expected to pick up sick children within the hour to prevent the spread of infection to other children and staff, and to allow the child time to rest, recover, and be treated for the illness.

Our program follows exclusion and return-to-care guidelines listed on the Arizona Department of Health Service's Communicable Disease Flipchart or as advised by the local health department. However, if program staff have concerns about a child's ability to remain in care or return to care, a note from the child's health care provider may be required.

Illness and infestation is documented on our program's Illness and Infestation Log by _____ (designated staff).



Communicable Disease Flipchart

<http://www.azdhs.gov/phs/owch/pdf/comm diseases.pdf>

Is Your Child Well Enough to Be In Care Today? Poster

http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_stoptlightposter_BOTH.pdf

Log of Illness and Infestation

http://www.azdhs.gov/als/childcare/ccc_forms/illness.pdf

Reporting Communicable Diseases



Arizona laws require our program to report when children or staff are diagnosed with specific communicable diseases. Additionally, Arizona law requires that we report outbreaks of some other infections. An “outbreak” is usually defined as more than three children in a group or 10% of the facility’s population.

In our program, _____ (designated staff) is responsible for making these reports to the local health department.

Reports are made within 5 working days for most illnesses.

Communicable Disease Reports, which are submitted by mail, are sent to _____ (mailing address).

Reports may also be faxed to _____ (fax number).












Some illnesses require a report be made by telephone. Telephone reports are called into _____ (phone number).

Report Contents:

1. Name, address, and telephone number of the center and person making the report
2. Name of the illness being reported
3. Date and time of the onset of illness
4. Number of rooms affected
5. Number of children and adults who attend the program
6. Name, date of birth, age, address and telephone number of the sick person and whether this is a staff person or child
7. Immunization dates of individuals who are sick if the illness is a vaccine preventable disease

Reportable Diseases

 May be reported by telephone

-  Campylobacteriosis
Conjunctivitis (pinkeye) (outbreaks only)
-  Cryptosporidiosis
Diarrhea, nausea, or vomiting (outbreaks only)
-  Escherichia coli O157:H7
-  Haemophilus influenzae type b: invasive disease
Giardiasis
-  Hepatitis A
-  Measles
-  Meningococcal Invasive Disease
Mumps
-  Pertussis (whooping cough)
-  Rubella (German measles)
-  Salmonellosis
Scabies (outbreaks only)
-  Shigellosis
Streptococcal Group A infection (outbreaks only)
Tuberculosis
Varicella (chickenpox)

We document all communicable disease reports we have made
_____ (where).



Communicable Disease Report Form

http://www.azdhs.gov/phs/oids/downloads/cdr_form.pdf

Communicable Disease Reporting Requirements Statute

http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_disease_report_statute.pdf

Communicable Disease Reporting Requirements for Schools, Child Care
Establishments and Shelters

http://www.azdhs.gov/phs/oids/pdf/admin_req.pdf

Dear Parent and/or Health Care Provider Letter (English & Spanish)

http://www.governor.state.az.us/cyf/school_readiness/manual/FORM_dear_parent_health_provider_letter_BOTH.pdf